## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 625 201

| (Column 1) (Column 2)   |  |   |                  |                                   |                   |                  | SMALL ENTITY TYPE   |                        | OB               | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|------------------|-----------------------------------|-------------------|------------------|---------------------|------------------------|------------------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 48               |                                   |                   |                  | RATE                | FEE                    | ı ı              | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED     |                                   | NUMBER EXTRA      |                  | BASIC FEE           |                        | OB               | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 48 minus 20= 1   |                                   | * 28              |                  | X\$ 9=              |                        | OR               | X\$18=                     | 504                    |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 = * () |                                   |                   |                  | X42=                |                        |                  | X84=                       | 7-4                    |
| ΜU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT           | ESENT                             |                   |                  |                     |                        | OR               |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                  |                                   |                   | olumn 2          | +140=               |                        | OR               | +280=                      |                        |
|   |  |   |                  |                                   |                   |                  | TOTAL               |                        | OR               | TOTAL                      | 1254                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                  |                                   |                   | SMALL            | ENTITY              | OR                     | OTHER<br>SMALL I |                            |                        |
| AMENDMENT A   |  | CLAIMS                                    |                  | HIGHE                             | ST                |                  |                     | ADDI-                  | l I              |                            | ADDI-                  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUMB<br>PREVIO<br>PAID F          | USLY              | PRESENT<br>EXTRA | RATE                | TIONAL<br>FEE          |                  | RATE                       | TIONAL<br>FEE          |
|   | Total  | *   | Minus            | **                                |                   | =                | X\$ 9=              |                        | OR               | X\$18=                     |                        |
|   | Independent                                    | *   | Minus            | ***                               | 01.414.4          | =                | X42=                |                        | OR               | X84=                       |                        |
| L   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE       | PENDENT                           | CLAIM             | Ļ                | +140=               |                        | OR               | +280=                      |                        |
|   |  |   |                  |                                   |                   |                  | TOTAL<br>ADDIT. FEE |                        | OD               | TOTAL                      |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |                  |                                   |                   |                  |                     |                        |                  | ADDIT. FEE                 |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHE<br>NUME<br>PREVIO<br>PAID F | ST<br>BER<br>USLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus            | **                                |                   | =                | X\$ 9=              |                        | OR               | X\$18=                     |                        |
|   | Independent                                    | *   | Minus            | ***                               |                   | =                | X42=                |                        | OR               | X84=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                                   |                   |                  | 1                   |                        |                  |                            |                        |
|   |  |   |                  |                                   |                   |                  | +140=               |                        | OR               | +280=<br>TOTAL             |                        |
|   |  |   |                  |                                   |                   |                  |                     |                        | OR               | ADDIT. FEE                 |                        |
| _   |  | (Column 1)<br>CLAIMS                      |                  | (Colum                            |                   | (Column 3)       |                     |                        |                  |                            |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUME<br>PREVIO<br>PAID I          | BER<br>JUSLY      | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus            | **                                | jac.              | =                | X\$ 9=              |                        | OR               | X\$18=                     |                        |
| ME  | Independent                                    | *   | Minus            | ***                               |                   | =                | X42=                |                        | OR               | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                                   |                   |                  | 1                   |                        | 1                |                            |                        |
|   | If the entry in colu                           | ımn 1 is less than t                      | the entry in co  | olumn 2 virite                    | "0" in co         | lumn 3           | +140=               |                        | OR               | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE |  |   |                  |                                   |                   |                  |                     |                        |                  |                            |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |  |   |                  |                                   |                   |                  |                     |                        |                  |                            |                        |